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OLDE			Attorney	Docket		UCONAP/206/US					
			First Nan	ned Inventor		Makriyannis	3				
DEC 1 7 2003				COMPLETE IF KNOWN							
DEC.	ARATION		Applicati	on Number							
Declaration Submitted		Declaration	Filing Da	Filing Date							
With Initial Filing	Initial		Group Ar	t Unit				-			
			Examiner	Name							
			I								
As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural											
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
NO	NOVEL BIPHENYL AND BIPHENYL-LIKE CANNABINOIDS										
1					•						
<u> </u>											
the specification of which											
is attached hereto											
OR											
was filed on (MM/DD/		as PCT Inte	rnational App	lication Numl	oer	and v	vas amended	on			
(MM/DD/YYYY)	(MM/DD/YYYY) (if applicable).										
I hereby state that I hav	e reviewed and unde	rstood the o	contents of t	he above-ide	ntified specif	ication, includi	ng the claims,	, as			
amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations,											
§1.56. I hereby claim foreign prior											
inventor's certificate, or § States of America, listed I	365 (a) of any PCT i below and have also id	nternational dentified belo	application wow, by check	hich designating the box,	ted at least o any foreign a _l	ne country oth oplication for p	er than the Unitation	ited or's			
certificate, or of any PCT i	international applicatio	n having a fi	ling date befo	ore that of the	application o	n which priorit	y is claimed.				
Application Numbers	Country .	_	filing Date D/YYYY)	Priority No	ot Claimed	Copy Attached Yes No					
Numbers				[]	[]] []				
				(]	[]] [}				
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:											
	I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:										
Application Number(s)	Additional provisional application										

Additional provisional application numbers are listed on a supplemental

priority sheet attached hereto.

60/405,608

8/23/2002



DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

prior a	pplication	and the na	ational or	PCT Inte	rnation	al filing	dat	e of this appli	cation.					
U.S. Parent Application Number			PCT Parent Number				Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)		
[]A	Additional L	J.S. or PC	T Internat	ional app	olication	n numb	ers	are listed on a	supplement	ary pri	ority shee	et attached here	eto:	
As a named inventor, I hereby appoint in the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:														
Firm Name: Alix, Yale & Ristas, LLP						Customer Number: 00					543			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor [] A petition has been filed for this unsigned inventor														
, Given Name		Middle Initial					Family Name Makriyannis				Suffix			
	rentor's MUXUUM MUNIUM Date 10/16/03									103				
RESIDENCE: Mystic			State CT			T	Country	USA	USA		Citizenship	US		
	POST OFFICE ADDRESS 3 Thomas Street													
City	Mystic	State CT		т	ZIP	06355		Country	ountry USA		Applicant Authority			
Name	of Additio	nal Joint I	nventor, it	f any:					[] A petit	ion has	s been fil	ed for this unsig	ned inventor	
Given Name	I XID-/	Zhong Middle Initial			Family Name Lai				Suffix					
Inventor's Signature							Date 10/02/		- 103					
RESIDENCE: Storrs -		State	ate CT		0	Country	USA	USA		Citizenship	CHINA			
	or Office DDRESS 1 Northwoods Road, Apt. 44													
City	Storrs	State CT		ZIP	0	6268	Country USA		A	Applicant Authority				
Additional inventors are being named on supplemental sheet(s) attached hereto.														

[] A petition has been filed for this unsigned inventor Name f Additional Joint Inventor, if any: Middle Family Suffix Lu Dai Initial Name Name Inventor's Date - 200 } Signature RESIDENCE: **USA** Citizenship CT Country Storrs State **CHINA** City 1 Northwoods Road, Apt. 62 POST OFFICE **ADDRESS** Applicant **USA** CT ZIP 06268 Country State City Storrs Authority Additional inventors are being named on supplemental sheet(s) attached hereto. [] A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Middle Family Suffix Initial Name Name Inventor's Date Signature PRESIDENCE: Citizenship State Country City POST OFFICE **ADDRESS Applicant** City ZIP Country State Authority Additional inventors are being named on supplemental sheet(s) attached hereto. [] A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Middle Family Given Suffix Initial Name Name Inventor's Date Signature **RESIDENCE:** Country Citizenship State City POST OFFICE **ADDRESS** Applicant State ZIP Country City Authority

Additional inventors are being named on supplemental sheet(s) attached hereto.